

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: ELLEFSON STREET LLC (0010116)
Address: 410 ELLEFSON STREET, IOLA, WI 54945
License Status: REGULAR
Licensed/Certified/Registered 03/09/2005
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0097052 **End Date:** 05/12/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009552 Served 05/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		
88.09(2)(a)	SERVICE PROVIDER RECORD		

Survey ID: 0093617 **End Date:** 07/27/2004 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092604 **End Date:** 05/21/2004 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 08/18/2006

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Adult Family Home

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092603 **End Date:** 07/14/2003 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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